

# Appendix E

## HCFA Part A Remittance Advice

### List of Changes in the

### 4A.01 Implementation Guide

### from the 4A.00 Implementation Guide

### for the X12 835 Version 003051

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**DIFFERENCES BETWEEN MEDICARE'S 4A.00 AND 4A.01 VERSIONS OF THE  
IMPLEMENTATION GUIDES FOR THE ANSI X12 835 VERSION 003051**

**PARTS I-IV**

No changes were made to Parts I-IV between the 4A.00 and 4A.01 IGs.

**IMPLEMENTATION SET CHANGES**

A number of changes were made to the max use of a number of segments in 'Implementation Set' between the 4A.00 and 4A.01 IGs. Please review carefully.

**IMPLEMENTATION DETAIL CHANGES**

1. Below is a complete listing of the changes which have been made in the 835 to flat file mapping between the 4A.01 and 4A.00 versions:

<u>Element</u>	<u>4A.01 Flat File Map</u>	<u>4A.00 Flat File Map</u>
0-010-ISA15	Translator Generated (TG) ONLY	10-03 or TG
1-070-DTM02	12-07	12-06
1-070-DTM05	12-06	12-07
2-010-CLP01	20-05 or TG	20-05
2-033-MIA09	43-04	43-05
2-033-MIA10	43-05	43-06
2-033-MIA11	43-06	43-07
2-033-MIA12	43-08	43-09
2-033-MIA13	43-07	43-08
2-033-MIA17	43-03	43-04
2-050.A-DTM02	21-15	21-14
2-050.B-DTM02	21-17	21-15
2-050.B-DTM05	21-16	21-15
2-062-AMT02	AU = 43-10 NJ = 42-11 ZK = 22-10	43-11
2-064-QTY02	FL = 22-11	
2-070-SVC03	30-09 (Line Paid Amount)	
2-070-SVC05	30-14	30-04
2-100.A-REF02	30-15	31-07

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2-100.B-REF02	30-16	31-08
2-110.A-AMT02	30-17	31-09
2-110.C-AMT02	31-07 (Allowed Amount)	
2-120-QTY02	VS = 31-04	

NOTE: In the 3A.00 Implementation Guide (IG), there are a number of elements for which no flat file mapping is provided. In the 4A.01 IG, either a standard Medicare flat file map location is provided or the source of the data is provided.

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| 2.  | 0-010-ISA15   | Translator generated only.                                   |
| 3.  | 0-020-GS03    | This data element will always carry the provider ID.         |
| 4.  | 1-040-TRN02   | Element name changed to "Trace Number/Check Number".         |
| 5.  | 1-060-REF02   | Implementation Guide Version Code has been changed to 4A.01. |
| 6.  | 1-070-DTM     | Max use changed to "1".                                      |
| 7.  | 1-070-DTM05   | Usage changed from Conditional to Mandatory.                 |
| 8.  | 1-080.A-N1    | Loop specification has been changed back to "N1".            |
| 9.  | 1-100-N3      | Max use changed to "1".                                      |
| 10. | 2-030.B-NM1   | Max use changed to "1".                                      |
| 11. | 2-033-MIA09   | Flat file map changed to 43-04.                              |
| 12. | 2-033-MIA10   | Flat file map changed to 43-05.                              |
| 13. | 2-033-MIA11   | Flat file map changed to 43-06.                              |
| 14. | 2-033-MIA12   | Flat file map changed to 43-08.                              |
| 15. | 2-033-MIA13   | Flat file map changed to 43-07.                              |
| 16. | 2-033-MIA17   | Flat file map changed to 43-03.                              |
| 17. | 2-040-REF     | Max use changed from "99" to "1".                            |
| 18. | 2-050.A-DTM   | Max use changed from "9" to "1". Example corrected.          |
| 19. | 2-050.A-DTM02 | Flat file map changed from 21-14 to 21-15.                   |
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| 20. | 2-050.A-DTM05  | Usage changed from Conditional to Mandatory. Flat file map changed to a 2 character field.  |
| 21. | 2-050.B-DTM    | Max use changed from "9" to "1". Example corrected.   |
| 22. | 2-050.B-DTM02  | Flat file map changed to 21-17.   |
| 23. | 2-050.B-DTM05  | Usage changed from Conditional to Mandatory. Flat file map changed to 21-16.  |
| 24. | 2-062-AMT      | Max use changed from "20" to "8".   |
| 25. | 2-062-AMT01/02 | The qualifier code 'NJ', 'Other Insurance Paid Amount', has been added with flat file mapping NJ = 42-11. The qualifier code 'ZK', 'Hemophilia Add On Amount', has been added with flat file mapping ZK = 22-11. The flat file location for Total Covered Charges has been changed to 'AU = 43-10'. |
| 26. | 2-064-QTY      | Max use changed from "20" to "6". The example has been corrected to: QTY*FL*13~.  |
| 27. | 2-064-QTY01/02 | The qualifier code 'FL', 'Approved Units for Hemophilia Add On Amount', has been added with flat file mapping FL = 22-11.   |
| 28. | 2-070-SVC03    | This element will carry the Line Paid Amount. (The Allowed Amount will be carried in the 2-110.C-AMT segment.   |
| 29. | 2-070-SVC05    | The flat file location of the data for this element has been changed to 30-14 from 31-04.   |
| 30. | 2-080-DTM      | The example has been corrected.   |
| 31. | 2-080-DTM05    | The usage has been changed from Conditional to Mandatory.   |
| 32. | 2-100.A-REF    | Max use has been changed from "99" to "1".  |
| 33. | 2-100.A-REF02  | The flat file location of the data for this element has been changed to 30-15 from 31-07.   |
| 34. | 2-100.B-REF    | Max use has been changed from "99" to "1".  |
| 35. | 2-100.B-REF02  | The flat file location of the data for this element has been changed to 30-16 from 31-08.   |
| 36. | 2-110.A-AMT    | Max use has been changed from "20" to "1".  |
| 37. | 2-110.A-AMT02  | The flat file location of the data for this element   |
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- has been changed to 30-17 from 31-09.
38. 2-110.B-AMT Max use has been changed from "20" to "1".
39. 2-110.C-AMT This segment has been added to carry Allowed Amount information. Element AMT01 carries the Amount Qualifier Code 'B6' for 'Allowed Amount - Actual Amount' and element AMT02 indicates the flat file mapping to 31-07.
40. 2-120-QTY The Name of this segment has been changed to 'HHA Visits'. Max use changed from "20" to "2".
41. 2-120-QTY01 The code 'VS' with the description 'Visits' has been added to this element.
42. 2-120-QTY02 The information for this element has been changed as follows:
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|------------------------------------|------------|
| Number of Actual Noncovered Visits | NE = 31-05 |
| Number of Actual Covered Visits    | VS = 31-04 |

#### APPENDIX A - DATA DICTIONARY

There have been several corrections made to the Data Dictionary between versions 4A.00 and 4A.01. However, the corrections will not impact your usage of either the 4A.00 or 4A.01 IGs.

#### APPENDIX B - HCFA Reason, Remark and Value Codes and Messages

The HCFA standard code list is updated on an ongoing basis. The Appendix B with the October 1, 1998 release of the 4A.01 Implementation guide was updated on July 31, 1998. The standard code list available as Appendix B of the 4A.01 IG will be updated and made available on the HCFA Web site, <http://www.hcfa.gov/medicare/edi/edi3.htm> as the standard code list is updated.

#### Appendix C - Medicare Part A Standard Remittance Flat File Specifications

- 05-03 Implementation Guide Version Code has been added to the version 4A.01 IG.
  - 05-04 Intermediary Number has been added to the version 4A.01 IG.
  - 05-05 Intermediary Name has been added to the version 4A.01 IG.
  - 05-06 National Payer ID has been added to the version 4A.01 IG.
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5. 10-03 The Test/Production Indicator is not mapped to 0-010-ISA15 in the version 4A.01 IG.
  6. 10-04 Implementation Guide Version Code has been added to the version 4A.01 IG.
  7. 10-05 Intermediary Number has been added to the version 4A.01 IG.
  8. 10-06 Intermediary Name has been added to the version 4A.01 IG.
  9. 10-07 National Payer ID has been added to the version 4A.01 IG.
  10. 12-06 Payer Cycle Century was moved from 12-07 in the 4A.00 IG to 12-06 in the 4A.01 IG.
  11. 12-07 Payer Cycle Date was moved from 12-06 in the 4A.00 IG to 12-07 in the 4A.01 IG.
  12. **30 Records Have been physically relocated in the flat file to follow (30-34) the 50/51 records.**
  13. 30-08 Submitted Units of Service will only appear in this location. The data in 30-08 will not also appear in the 33 records unless a quantity is actually being adjusted.
  14. 30-09 This field carries the Line Paid Amount mapped to 2-070-SVC03. (The Allowed Amount occurs in 31-07 which is mapped to 2-110.C-AMT02.)
  15. 30-14 Covered Units of Service has been moved to 30-14 in the version 4A.01 flat file from 31-04 in the 4A.00 flat file.
  16. 30-15 ASC Group Number has been moved to 30-15 in the 4A.01 flat file from 31-07 in the 4A.00 flat file.
  17. 30-16 ASC Rate has been moved to 30-16 in the 4A.01 flat file from 31-08 in the 4A.00 flat file.
  18. 30-16 ASC Rate has been moved to 30-16 in the 4A.01 flat file from 31-08 in the 4A.00 Flat file.
  19. 30-17 ASC Rate has been moved to 30-17 in the 4A.01 flat file from 31-09 in the 4A.00 flat file.
  20. 31-04 Covered Visits data has been added to the 4A.01 flat file in 30-04. This data is mapped to 2-120-QTY02 in the version 4A.01 835.
  21. 31-07 This field carries the Allowed Amount which is mapped to 2-110.C-AMT02.
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22. 42-11 MSP Payer Liability Met data has been added to this 4A.01 flat file field which is mapped to 2-120-QTY02 in the 4A.01 version of the 835.

**Appendix D - List of Changes in the 4A.00 Implementation Guide from the 3A.00 Implementation for the X12 835 Version 00351**

Numerous changes have been made to Appendix D between the 4A.00 and 4A.01 IGs. Please review the 4A.01 Appendix D carefully if you were previously using the 4A.00 IG.